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AIR TOXICS AND RADIATION BRANCH U.S. EPA, REGION V

Ford Motor Company 3001 Miller Road, 106 CSB Dearborn, Michigan 48121

January 26, 1995

Technical and Transportation Services Environmental Services

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, IL 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company, Rouge Manufacturing Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

Joseph D. Preece

copy to:

Wayne County Health Department Air Pollution Control Division 640 Temple, Suite 700

Detroit, MI 48201

MDPH, DOH-ASBESTOS PROGRAM 3423 N. Logan/Martin L. King Jr. Blvd.



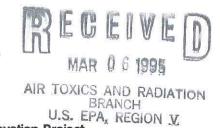
MI DEPT. OF NATURAL RESOURCES (MONR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

DNR/MDPHUSE ONLY	3. ABATEMENT CONTRACTOR Internal Proj. No.
Postmark Date: Rec'd Date:	Name: Ford Motor Company
Ok Send Def Ltr. Date Def Ltr. Sent:	Mailing Address: 3001 Miller Rd., 106 CSB
FOLLOW UP:/_/ Spoke w/:	City/State/Zip: Dearborn, Michigan 48121
Comments:	Contact: W. Bryant Phone: (313 322-5822
	4. DEMOLITION CONTRACTOR Internal Proj. No.
Notific, No.: Trans. No.:	Name: N/A
Calculate MDPH Asbestos Project Fee:	Mailing Address:
·	City/State/Zip:
(Total Project Cost) x 0.01 = (1% Project Fee)	Contact:Phone: ( )
	5. FACILITY OWNER Internal Proj. No.
Contractor License Numbers: Asbestos Abatement:	Name: Ford Motor Company
Electrical: Plumbing:	Mailing Address: 3001 Miller Rd.
Mechanical:	City/State/Zip: Dearborn, Michigan 48121
Licensing Authority:	Contact: W. Bryant Phone: (313) 322-5822
1. NOTIFICATION	1110,0. (010) 011 3001
Date of Notification: January 25, 1995	6. FACILITY DESCRIPTION
Date of Revision(s): N/A Notification Type: ☑ Original ☐ Revised ☐ Cancelled ☐ Annual	Facility Name (or Number): Dearborn Glass Plant
	Location Address: 3001 Miller Rd.
Please check all that apply: MOPH	
MDF⊓ □∑ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice	Nearest Major Crossroad: Road 4
Emergency Renovation/Encapsulation	City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MT</u>
NESHAP (DNR/U.S.EPA)	Size: (sq. ft.) 900,000 No. of Floors: 2 Floor No.: 1st
☐ Planned Renovation 10 <u>working</u> days notice☐ Emergency Renovation	Age: 70 Present Use: Windshiel@gor Use: N/A
Scheduled Demolition above cutoff- 10 working days notice	Specific Location(s) Within Facility: <u>Lehr</u> , <u>located on 1st</u>
Scheduled Demolition below cutoff - 10 working days notice	floor between columns A18-A25.
Ordered Demolition	
2. PROJECTSCHEDULE	7. DISPOSALSITE
* Renovation: Start Date: January 26, 1995	Name: Allen Park Clay Mine Landfill
End Date: February 11, 1995	Location Address: 17005 Oakwood Blvd.
+ Asb. Removal: Start Date: February 11, 1995	City/State/Zip: Allen Park, MI 48101
+ Demolition: Start Date: February 12, 1995	8. WASTETRANSPORTER1   WASTE TRANS. 2
E 18 1	Name: Rouge Transportation Svcs (Ford)
Encapsulation: Start Date:	Address: 3001 Miller Rd.
End Date:	City/State/Zip: Dearborn, MI 48121
* Includes setup, building containment, etc., but not removing asbestos	Phone: (31)3 338-1700 F. Fuller)
Work Schedule: Please indicate the anticipated days of the week and	
work hours for the purpose of scheduling a compliance inspection.	ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side,
Days of the Week Work Hours	for NESHAP definition of "Ordered Demolition." A copy of the order
Asb. Removal: <u>Feb. 11-12, 19</u> 95 <u>6:00 am - 6:0</u> 0	must accompany this notification.) Include the following information:
Demolition:	Gov't Agency Ordering Demo: N/A
Encapsulation:	Name/Title of Person Signing Order:
+ Check here if this is a multi-phased project. Be sure to attach a	
schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.	Date of Order: Date Ordered to Begin:
10. IS ASBESTOS PRESENT? Yes No No	<u> </u>
••	aining Material (RACM) to be removed, disturbed, and/or encapsulated, etc.
Also include in the right hand two columns below the amount of non-friable	le Cat. I and/or Cat. II ACM that will not be removed prior to demolition.
	ble ACM not removed before Demo.
Removed Encapsulated C	ategory I Category II Unit of Measure
728	Sq. Ft. Sq. M.
	☐ Cu. Ft * ☐ Cu. M.*
* Volume (cubic feet/cubic meter) should be used only if unable to measure	e by linear or square measure (ex: if asbestos has fallen off surfaces).



Technical & Transportation Services Power and Utility Operations 3001 Miller Road Dearborn, Michigan 48121

March 3, 1995



U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

**Environmental Control Engineer** 

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

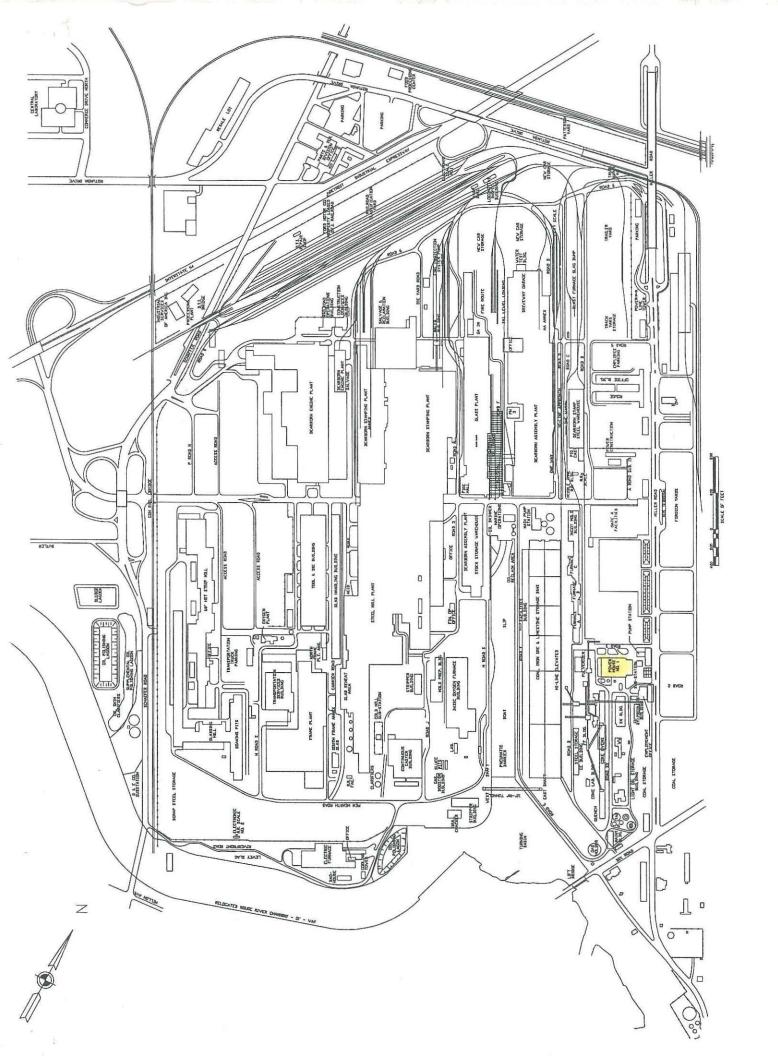
MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

	DNR/MDPHUSEONLY			3. ABATEMEN	IT CONTRACTOR	Internal Proj. No.	
	Postmark Date:	Rec'd Date:		Name: For	d Motor Co	Power \$ Utility Ops.	
. ]	Ok Send Def L				ress: <u>3001 Miller</u>		
	FOLLOW UP:///	Spoke w/:			p: <u>Dearborn, MI</u>		
	Comments:			Contact: _I	K. Bollen Rm 41	(Phone: (313) 322-9016	
ļ							
				4. DEMOLITIC	NCONTRACTOR	Internal Proj. No.	
	Notific. No.:	Trans. No.;		Name:			
Calc	ulate MDPH Asbestos Projec	t Foot					
Carc	ulate hibi (i Asbestos Frojet			City/State/Zi	ip:		
	×	0.01 =		Contact:		Phone: ( )	
	(Total Project Cost)	(1% Project Fee	)			1	
	ontractor License Numbers:			5. FACILITYO		Internal Proj. No.	
Α	sbestos Abatement:	Building;	<del></del>	Name: For	<u>rd Motor Co</u>	Power & Utility Ops.	
	Electrical: Mechanical:				ress: 3001 Miller		
l i	censing Authority:				ip: <u>Dearborn, M</u> I		
				Contact: K	. Bollen Rm 410	Phone: (313) 322-9016	
	NOTIFICATION  Date of Notification: 3/3/95	and the state of t		Age as			
	Date of Revision(s):			6. FACILITY D		·	
	Notification Type: X Original	Revised Candelled	TI Almudh			house No. 1	
	Please check all that apply:		: 189E		ddress: 3001 Mille		
	MODEL	MAR V	5 1995		Attached Ma		
	XXDemo, Reno, Encap. (>10 Emergency Renovation/En	Ln. ft/15 Sq. ft) 10-day notice A	ND RADIAT	∏ONearest Ma	jor Crossroad: <u>Miller</u>	& Dix	
	Emergency Renovation/En	capsulation Am BRA	NCH	City: <u>Dear</u> l	born Co	unty: Wayne State: MI	
	NESHAP (DNR/U.S.EPA)	orking days notice U.S. EPA,	KEGIUN Y	Size: (sq. fl		oors: 7 Floor No.: 3rd	
	Emergency Renovation			Age: 75yrs Present Use: Powerhous Prior Use: Powerhouse Specific Location(s) Within Facility: Boiler #1 Drum area  & Adjoining wall tubes on west wall			
	Scheduled Demolition above						
	☐ Scheduled Demolition belo ☐ Ordered Demolition	w cutoff - 10 working days noti	ce	& Adjo	ining wait tube	s on west wall	
2.	PROJECT SCHEDULE			7. DISPOSAL		llow Mine Iondfill	
	* Renovation: Start Da				ddress: 17005 Oakv	Clay Mine Landfill	
	+ Asb. Removal: Start Da	te: 4/21/95			ddress: 17005 Oakv Lip: Dearborn, Ml		
		ite: 4/21/95		City/State/2	ip: Dearborn, III	+0101	
	+ Demolition: Start Da		<del></del>	8. WASTETR	ANSPORTER1	WASTE TRANS. 2	
	r-4 D-			•	rd Trans. Svcs.		
				,			
	Encapsulation. Staff Do	ate:			ip: Dearborn, MI48		
	•	tainment, etc., but <u>not</u> removing	ashestos		)		
		· · · · · · · · · · · · · · · · · · ·					
		cate the anticipated days of the scheduling a compliance inspe		9. ORDERED	DEMOLITIONS: (See g	uidelines, obtainable by contacting	
	Days o	f the Week Work Ho	urs	for NESHAI	P definition of "Ordered	listed on the reverse side, "Demolition," A copy of the order	
	Ash Removal: M	F 7:00 - 4	:00	must accon	npany this notification.)	Include the following information:	
	Demolition:	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. e - 25 - 255 5 - 2	i de la composição de la c	iling will be All care. The		
	Encapsulation:					and the second s	
1		ulti-phased project. Be sure to	attach a				
	schedule showing the st	art and end dates of each phas	se and				
	indicate if it is for asbest	os removal, demolition, etc.		Date of Or	der:D:	ate Ordered to Begin:	
10.	IS ASBESTOS PRESENT?	Yes X No 🗌					
						isturbed, and/or encapsulated, etc.	
		two columns below the amount				~ <del>~~</del>	
ŀ	RACM to be	RACM to be			moved before Demo.		
	Removed	Encapsulated	Lat	egory I	Category II	Unit of Measure	
ļ.						Ln. Ft. Ln. M.	
ļ	350		1			Sq. Ft. Sq. M.	
		<u> </u>	.1		<u> </u>	Cu. Ft* Cu. M.*	

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

44	PRO ISCT DESCRIPTION	
11.	PROJECT DESCRIPTION	Francisco (Continuo) (Continuo)
	a)Renovation: Indicate the surfaces RACM will be removed from.	Encapsulation (for MDPH): Indicate surfaces to be encapsulated:
	XX Piping Fittings X Boiler(s) Tank(s)	Piping Fittings Boiler(s) Tank(s)
	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
	Other: (describe)	Other: (describe)
	b)Method of removal: Describe how the asbestos will be removed from	
	sections and carefully lower, etc.): Scrape with hand tool	ls, cut in sections with hand tools and
	carefully lower, wet wipe and vacuum contami	inated surfaces.
		and the second of the second o
	c)Demolition: Describe method of demolition and indicate if complete or p	partial demolition (If partial, describe which part will be demolished.)
12	. ENGINEERING CONTROLS: Describe work practices and engineering co	ontrols used to prevent visible emissions before during and after
12.	removal and until proper disposal: Wet methods in conjunct	
	containment will be used. Adequately wet mat	
	place wet material in leaktight containers th	
	place wet material in leakinght containers to	nat will lemain leaketght until landrillad.
12	UNEXPECTED ASBESTOS: Describe procedures that will be followed in	the event that unexpected PACM is found or previously non-friable
13.	asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.)	
	agencies will be re-notified if the amount of	
		diexpected aspestos found is at reast 20%
	different than previously reported.	·
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: In	
	analytical sampling was used, describe method: A recent buildi	
	materials were tested using the polarized lig	ght microscopy method, material is assumed
	to contain asbestos and is considered to be R	RACM.
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency:	
	Description of the sudden, unexpected event:	
	• .	,
	Explain how the event caused unsafe conditions, would cause equipment	t damage and/or an unreasonable financial burden:
		·
16.	I certify that an individual trained in the provisions of 40 CFR Part 61, Subp involving RACM above the cutoff and/or during ordered demolition. Evider	
	available for inspection during normal business hours.	tice that the required framing has been completed by this person will be
	1/2/95	J
	J = 0 313/1-	Name of O
	Signature of Owner or Abatement Contractor Date S	Signature of Owner or Demolition Contractor Date
17.	Signature Requirements for Projects with Negative Pressure Enclor Persection 221 (1)(2) of P.A. 135 of 1986, as amended, clearance airmonitoring is required for any as	
	which is performed within a negative pressure enclosure. I (the building owner or lessee) have been	
	performed on this project.	
	LCK S 3/3/95	
	Signature of Building Owner or Lessee Signature of Building Owner or Lessee	ignature of Asbestos Abatement Contractor Representative
	NOTE: For affected projects, this section on the notification form must be signed when the project	t notification form is submitted to MDPH.
BZA		
	AILING ADDRESSES: (For guidelines on how to complete this form, c	
	·	NESHAP Projects in Wayne Co.: U.S. EPA, Region 5
		Vayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.
S		340 Temple, Suite 700 77 W. Jackson Blvd.
	Lansing, MI 48933	Detroit, MI 48201 Chicago, IL 60604
٠.	Sec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM.	
	<b>3</b>	
15	986, as amended P.O. Box 30195	25.0402
	Lansing, MI 48909 (517) 3:	35-9482







APPARIT ATT

AIR TOXICS AND RADIATION BRANCH U.S. EPA, REGION V

Ford Motor Company 3001 Miller Road, 106 CSB Dearborn, Michigan 48121

January 26, 1995

Technical and Transportation Services Environmental Services

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, IL 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company, Rouge Manufacturing Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

Joseph D. Preece

copy to:

Wayne County Health Department Air Pollution Control Division 640 Temple, Suite 700 Detroit, MI 48201

MDPH, DOH-ASBESTOS PROGRAM 3423 N. Logan/Martin L. King Jr. Blvd. P.O. Box 30195 Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

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DNR/MDPHUSEONLY	3. ABATEMENT CONTRACTOR Internal Proj. No.
Postmark Date: Rec'd Date:	Name: Ford Motor Company
Ok Send Def Ltr. Date Def Ltr. Sent:	Mailing Address: 3001 Miller Rd., 106 CSB
FOLLOW UP:/_ / Spoke w/:	City/State/Zip: Dearborn, Michigan 48121
	Contact: W- Bryant Phone: (313 322-5822
Comments:	Contact: W. Dryalic Phone: (313 322-3622
	4. DEMOLITION CONTRACTOR Internal Proj. No.
Notific, No.: Trans. No.:	Name: N/A
Onlandate NDDU Arberter Desiret Con	Mailing Address:
Calculate MDPH Asbestos Project Fee:	City/State/Zip:
x 0.01 =	Contact: Phone: ( )
(Total Project Cost) x 0.01 = (1% Project Fee)	7
Contractor License Numbers:	5. FACILITY OWNER Internal Proj. No.
Asbestos Abatement:Building:	Name: Ford Motor Company
` Electrical: Plumbing:	Mailing Address: 3001 Miller Rd.
Mechanicai:	City/State/Zip: Dearborn, Michigan 48121
Licensing Authority:	Contact: W. Bryant Phone: (313) 322-5822
1. NOTIFICATION	1 1000 ( 010) 022 0082
Date of Notification: <u>January 25, 1995</u>	6. FACILITY DESCRIPTION
Date of Revision(s): N/A	
Notification Type: 👿 Original 🗌 Revised 🔲 Cancelled 🔲 Annual	Facility Name (or Number): Dearborn Glass Plant
Please check all that apply:	Location Address: 3001 Miller Rd.
MDPH	
☐ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice	Nearest Major Crossroad: Road 4
Emergency Renovation/Encapsulation	City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MT</u>
NESHAP (DNR/U.S.EPA)	Size: (sq. ft.) 900,000 No. of Floors: 2 Floor No.: 1st
Planned Renovation 10 working days notice	Age: 70 Present Use: Windshiel@or Use: N/A
☐ Emergency Renovation ☐ Scheduled Demolition above cutoff- 10 working days notice	Specific Location(s) Within Facility: Lehr, located on 1st
Scheduled Demolition below cutoff - 10 working days notice	floor between columns A18-A25.
☐ Ordered Demolition	FIGUR DECMEEN COLUMNIA WITCHES
2. PROJECTSCHEDULE	7 DISDORAL SITE
	7. DISPOSAL SITE
* Renovation: Start Date: January 26, 1995.	Name: Allen Park Clay Mine Landfill
End Date: February 11, 1995	Location Address: 17005 Oakwood Blvd.
+ Asb. Removal; Start Date: February 11, 1995	City/State/Zip: Allen Park, MI 48101
End Date: February 12, 1995	8. WASTETRANSPORTER1   WASTE TRANS. 2
+ Demolition: Start Date:	
End Date:	Name: Rouge Transportation Svcs (Ford)
Encapsulation: Start Date:	Address: 3001 Miller Rd.
End Date:	City/State/Zip: Dearborn, MI 48121
* Includes setup, building containment, etc., but not removing asbestos	Phone: (31)3 338-1700 F. Fuller)
Work Schedule: Please indicate the anticipated days of the week and	
work hours for the purpose of scheduling a compliance inspection.	ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side.
Days of the Week Work Hours	for NESHAP definition of "Ordered Demolition." A copy of the order
Asb. Removal: Feb. 11-12, 1995 6:00 am - 6:00	must accompany this notification.) Include the following information:
	*
Demolition:  Encapsulation:	Gov't Agency Ordering Demo: N/A
	Name/Title of Person Signing Order:
+ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and	
indicate if it is for asbestos removal, demolition, etc.	Date of Order: Date Ordered to Begin:
10. IS ASBESTOS PRESENT? Yes V No	
<b>7</b>	tain Material (DACM) to be assumed that the first state of the state o
Also include in the right hand two columns below the amount of non-friable	ining Material (RACM) to be removed, disturbed, and/or encapsulated, etc.
	ote ACM not removed before Demo.  ategory I Category II Unit of Measure
Removed Encapsulated C	ategory I Unit of Measure
	Ln. Ft. Ln. M.
728	Ş Şq. Ft. ☐ Sq. M.
	,
* Volume (cubic feet/cubic meter) should be used only if unable to measure	e by linear or square measure (ex: if asbestos has fallen off surfaces).

11.	PROJECT DESCRIPTION
	a)Renovation: Indicate the surfaces RACM will be removed from.   Encapsulation (for MDPH): Indicate surfaces to be encapsulated:
(	
1	
	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
(	X Other: (describe) Non-friable asbestos is Other: (describe)
	contained in the mortar, between bricks of
l	Lehr. b)Method of removal: Describe how the asbestos will be removed from the surface (example; glove bag, scrape with hand tools, cut in
	sections and carefully lower, etc.): Transmission and carefully lower, etc.):
	sections and carefully lower, etc.): Wet methods in conjunction with a full negative pressure
1	containment will be used to bag rows of bricks which will be placed on pellets for
	transportation to Allen Park Clay Mine Landfill.
	_
ĺ	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
	N/A
	-V/ D
12.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after
	removal and until proper disposal: Same as no. 11.b above. Air monitoring will be performed in
	accordance with OSHA and NESHAP regulations.
13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable
,	
	asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: Approved asbestos abatement
	procedures will be performed; including, notification, bulk sampling and lab analysis,
	wet methods and full negative pressure containment, clean-up and air monitoring.
	The state of the s
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If
	analytical sampling was used, describe method: A recent building survey identified said mortar as con-
	taining asbestos. Any questionable material will be treated as though it contained asbest
	unless subsequent sampling and analysis results prove otherwise.
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency: N/A
	Description of the sudden, unexpected event:
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
	Explain now the event caused unsale conditions, would cause equipment damage alloyof all unleasonable manical bulloch.
16.	I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition
	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be
	available for inspection during normal business hours.
	110
	W. Byant 1/26/95 W. Byant 1/26/95
	Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date
47	
и.	Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  Persection 221{1}(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material
	which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring
	performed on this project.
	Al But
	Signature of Building Owner or Lessee Signature of Asbestos Abatement Contractor Representative
	Organization of Association Community Communit
	NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.
MΔ	
	ALING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)
N	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5
40 40	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5  D CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.
40 40	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5
N	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5  D CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.
40 S	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5  D CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.  ubpart M 333 S. Capitol 640 Temple, Suite 700 77 W. Jackson Blvd.  Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604
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8 S	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5  D CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.  1
N 40 S S Pi	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5  D CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.  1
NI 40 S S	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)  ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5  D CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.  ubpart M 333 S. Capitol 640 Temple, Suite 700 77 W. Jackson Blvd.  Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604  ec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM.

PR 5661 (rev. 12/93)



Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

April 12, 1995



AIR TUXICS AND RADIATION BRANCH U.S. EPA, REGION V

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

**Environmental Control Engineer** 

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

DNR/MDPHUSEONLY	3. ABATEMENT CONTRACTOR Internal Proj. No.
Postmark Date: Rec'd Date:	Name: Ford Motor Co Power & Utility Ops.
Ok Send Def Ltr. Date Def Ltr. Sent:	Mailing Address: 3001 Miller Rd.
FOLLOW UP:// Spoke w/:	City/State/Zip: Dearborn, MI 48121
Comments:	Contact: <u>K. Bollen Rm 41</u> (Phone: (313) 322-9016
	4 DEMOLIZIONI CONTRACTOR
Notific. No.: Trans. No.:	4. DEMOLITION CONTRACTOR Internal Proj. No. Name:
	Mailing Address:
Calculate MDPH Asbestos Project Fee:	City/State/Zip:
x 0.01 =	Contact: Phone: ( )
(Total Project Cost) (1% Project Fee)	
Contractor License Numbers:	5. FACILITY OWNER Internal Proj. No.
Asbestos Abatement: Building:	Name: Ford Motor Co Power & Utility Ops.
Electrical: Plumbing: Mechanical:	Mailing Address: 3001 Miller Rd.
Licensing Authority:	City/State/Zip: Dearborn, MI 48121
1. NOTIFICATION	Contact: K. Bollen Rm 410 Phone: (313) 322-9016
Date of Notification: 4/12/95	6. FACILITY DESCRIPTION
Date of Revision(s):	· ·
Notification Type: 🖾 Original 🔲 Revised 🔲 Cancelled 🔲 Annua	Location Address: 3001 Miller Rd.
Please check all that apply:	Location Address, Will Fittle: Mr.
MDPH 区区 Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice	Nearest Major Crossroad:Miller & Dix
Emergency Renovation/Encapsulation	City: Dearborn County: Wayne State: MI
NESHAP (DNR/U.S.EPA)	Size: (sq. ft.)282,000 No. of Floors: 7 Floor No.:
▼XX Planned Renovation 10 working days notice     □ Emergency Renovation	Age: 75yrs Present Use: Powerhous@rior Use: Powerhouse
Scheduled Demolition above cutoff- 10 working days notice	Specific Location(s) Within Facility: #'s 5, 6, 7, & 8
Scheduled Demolition below cutoff - 10 working days notice	Zeolite tanks in southwest corner of building
Ordered Demolition	
2. PROJECT SCHEDULE	7. DISPOSAL SITE
* Renovation: Start Date: 4/17/95	Name: Ford Allen Park Clay Mine Landfill
End Date: 5/1/95  + Asb. Removal: Start Date: 5/1/95	Location Address: 17005 Oakwood BIvd.  City/State/Zip: Dearborn, MI 48101
End Date: 5/21/95	Clty/State/Zip:Dear both, iti
+ Demolition: Start Date:	8. WASTETRANSPORTER1 WASTE TRANS. 2
End Date:	Name: Ford Trans. Svcs.
Encapsulation: Start Date:	Address: 3001 Miller Rd.
End Date:	City/State/Zip: Dearborn, MI 48121
* Includes setup, building containment, etc., but not removing asbestos	Phone: (313) <u>845~5<b>7</b>3.0</u> ( )
Work Schedule: Please indicate the anticipated days of the week an	9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting
work hours for the purpose of scheduling a compliance inspection.	- DNR or WCAPCD at the addresses listed on the reverse side,
Days of the Week Work Hours	for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:
Asb. Removal: M - F	The first term of the first te
Demolition: 11 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Gov't Agency Ordering Demo:
Encapsulation:	Name/Title of Person Signing Order:
+ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and	
indicate if it is for asbestos removal, demolition, etc.	Date of Order Date Ordered to Begin:
10. IS ASBESTOS PRESENT? Yes ♥ No □	
	ntaining Material (RACM) to be removed, disturbed, and/or encapsulated, etc.
	able Cat. I and/or Cat. II ACM that will not be removed prior to demolition.
	Cotogoni I Cotogoni II Illit of Macoure
Removed Encapsulated	Category ! Category II Unit of Measure
2,500	X Sq. Ft. Sq. M.
	Cu. Ft* Cu. M.*
* Volume (cubic feet/cubic meter) should be used only if unable to measi	ure by linear or square measure (ex: if asbestos has fallen off surfaces).

11.	PROJECT DESCRIPTION				
' ''	a)Renovation: Indicate the surfa	ces RACM will be removed from.	Encapsulation (for MDPH): Inc	dicate surf	aces to be encapsulated:
	Piping Fittings	Boiler(s) Tank(s)	Piping Fittings		er(s) Tank(s)
		Tunnel(s) Ceiling Tile(s)	Beam(s) Duct(s)		nel(s) Ceiling Tile(s)
l	Other: (describe)		Other: (describe)		
	h)Blackhard of name unit. Describe	how the exhauter will be removed for	- the surface (		
	sections and carefully lower, e	how the asbestos will be removed from	. , , , , ,	•	
		Scrape with hand to	ols, cut in sections wi	th han	d tools and
	carefully lower, we	t wipe and vacuum conta	minated surfaces.		
		·			
	c)Demolition: Describe method of	of demolition and indicate if complete of		e which p	art will be demolished.)
		•	, ,		ŕ
12.	ENGINEERING CONTROLS: De	scribe work practices and engineering	controls used to prevent visible emiss	ions befor	e. during, and after
		: Wet methods in conjun			
		used. Adequately wet m			
	place wet material i	n leaktight containers	that will remain leakti	ght un	til landfilled.
13.		scribe procedures that will be followed			
·		led, pulverized, reduced to powder, e			
		notified if the amount	of unexpected asbestos	found	is at least 20%
	different than previ	ously reported.			`\
11	PROCEDURE(S) USED TO DETE	CT THE PRESENCE OF ASBESTOS:	Indicate how you determined whether	or not ach	actor is in the facility: If
14.		scribe method: A recent buil			
		d using the polarized 1		mater	tal is assumed
	to contain aspestos	and is considered to be	RACH.		
15.	EMERGENCY RENOVATIONS: D	ate and hour of the emergency:			
	Description of the sudden, unexpe				
			·		
		•			
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:				
					<u>,                                      </u>
16.	I certify that an individual trained in	the provisions of 40 CFR Part 61, Su	bpart M, will be on-site during the rend	vation and	during demolition
	involving RACM above the cutoff	and/or during ordered demolition. Evid	lence that the required training has be	en comple	eted by this person will be
	available for inspection during nor	mal business hours.	•		
		1 /2			į
	Jan Jan	4/12/95			
	Signature of Owner or Abatement	Contractor Date	Signature of Owner or Demolition Co	ntractor	Date ,
47	Signature Beguirements for Br	rojecte with Negative Bressure En	alacuras: (raquired by Michigan	Dont of	Public Hoalth)
17.		rojects with Negative Pressure En nended, clearance air monitoring is required for an			
	which is performed within a negative pressure performed on this project.	a enclosure. I (the building owner or lessee) have be	en advised by the contractor of my responsibility u	nder Act 135 t	o have clearance air monitoring
		4/12/95	-		
	Signature of Building Owner or Lessee	2//2/13	Signature of Asbestos Abatement Contractor Re	presentative	•
	NOTE: For effected projects this rection on	the natification for must be sized when the con-			
		the notification form must be signed when the proj		<del></del>	
		uidelines on how to complete this form		igencies b	
E		Asbestos Coord. DNR, AQD	NESHAP Projects in Wayne Co.:		U.S. EPA, Region 5
	CFR, Part 61,	Town Center, Ste. B, #200 OR	, F	AND	AT-18J, Asbestos Coord.
3	ubpart M	333 S. Capitol Lansing, MI 48933	640 Temple, Suite 700 Detroit, MI 48201		77 W. Jackson Blvd. Chicago, IL 60604
			TOACH IIII JIODO		Omoago, IL Door
	ec. 220(1-4) or (8), Mail to:	MDPH, DOH-ASBESTOS PROGRAM.			
	ıblic Act 135 of	3423 N. Logan/Martin L. King Jr. Blvd	l.		
19	186, as amended	P.O. Box 30195			
l		Lansing MI 48909 (517)	335-9482		

DD 5661 /roy 12/03

(017) 000 0102





Technical & Transportation Services Power and Utility Operations 3001 Miller Road Dearborn, Michigan 48121

March 15, 1995

U.S. EPA, Region 5

AT-18J, Asbestos Coordinator U.S. EPA. KEGIUN V
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the revision of a notice for the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on March 3, 1995.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

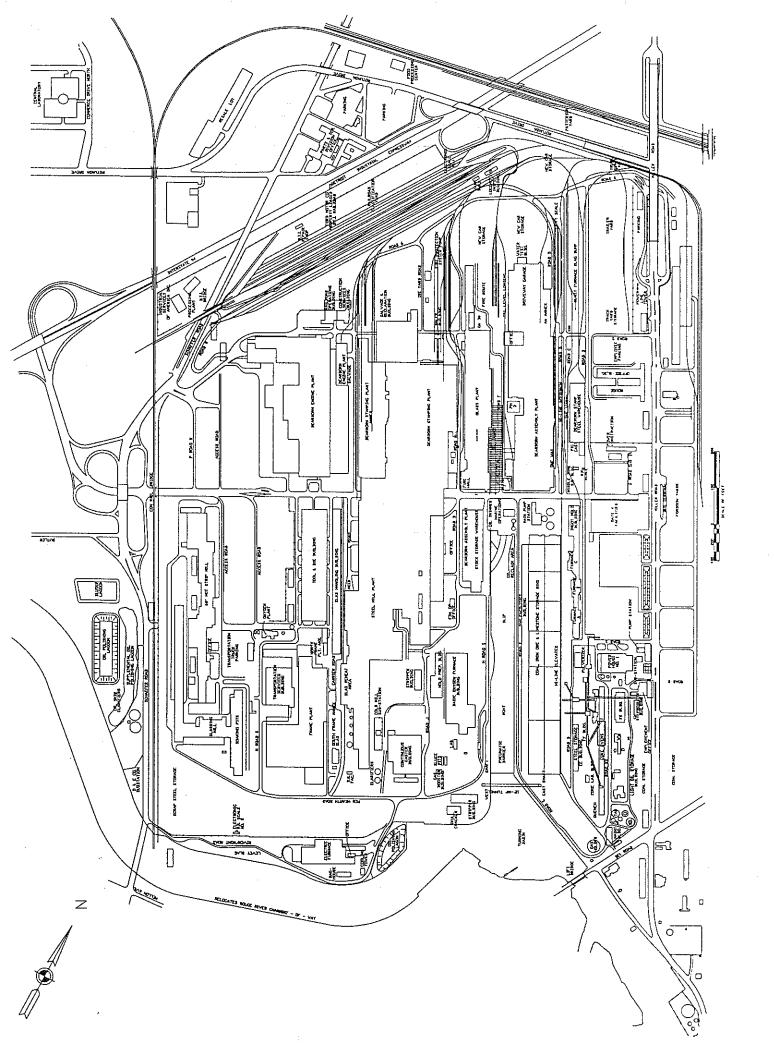
MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

	DNR/MOPHUSE ONLY Postmark Date Rec'd Date:	3. ABATEMENT CONTRACTOR Internal Proj. No Power \$ Utility Opsies:			
	Ok Send Def Ltr. Date Def Ltr. Senti	Mailing Address: 3001 Miller Rd.			
	FOLLOW UP/_ / Spake w/:	City/State/Zip: Dearborn, MI 48121			
	Comments	Contact: K. Bollen Rm 41 (Phone: (313) 322-9016			
	Mile 2.0 1995				
	A D Transport	4. DEMOLITION CONTRACTOR Internal Proj. No.			
	Notific. No.: Trans. No.: REARCH	4. DEMOLITION CONTRACTOR Internal Proj. No.			
Calc	culate MDPH Asbestos Project Fee: U.S. EPA, REGION	W Mailing Address:			
Care	Made morn Assested Project Pec.	City/State/Zip:			
	x 0.01 =	Contact: Phone: ( )			
	(Total Project Cost) (1% Project Fee)				
	ontractor License Numbers:	5. FACILITY OWNER Internal Proj. No.			
A	sbestos Abalement: Building:  Electrical: Plumbing:	Name: Ford Motor Co Power & Utility Ops.			
	Mechanical:	Mailing Address: 3001 Miller Rd. City/State/Zip: Dearborn, MI 48121			
Li	censing Authority:	Contact: K. Bollen Rm 410 Phone: (313) 322-9016			
1.	NOTIFICATION	Contact: Kt 2022ch im 720 Filone, (320) 322 3020			
	Date of Notification: 3/3/95 Date of Revision(s): 3/15/95	6. FACILITY DESCRIPTION			
	Date of Revision(s): 3715795  Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annua	•			
		Location Address: 3001 Miller Rd.			
	Please check all that apply:  MDPH	See Attached Map			
	XX Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice	Nearest Major Crossroad: Miller & Dix			
	Emergency Renovation/Encapsulation	City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MI</u>			
	NESHAP (DNR/U.S.EPA)    X   Planned Renovation   10 working days notice	Size: (sq. ft.)282,000 No. of Floors: 7 Floor No.: 3rd			
	Emergency Renovation	Age: 75yrs Present Use: Powerhous Prior Use: Powerhouse			
	Scheduled Demolition above cutoff- 10 working days notice	Specific Location(s) Within Facility: Boiler #1 Drum area			
	Scheduled Demolition below cutoff - 10 working days notice Ordered Demolition	& Adjoining wall tubes on west wall			
 2.	PROJECT SCHEDULE	7. DISPOSAL SITE			
۷.	* Renovation. Start Date: 3/20/95 /3/28/95	Name: Ford Allen Park Clay Mine Landfill			
	End Dale: 4/21/95 4/28/95	Location Address: 17005 Oakwood Blvd.			
	+ Asb. Removal. Start Date: 3/20/95 3/27/95	City/State/Zip: Dearborn, MI 48101			
	End Date:4/21/954/28/95/				
	+ Demolition: Start Date:	8. WASTETRANSPORTER1 WASTETRANS. 2			
	End Date:	Name: Ford Trans. Svcs.			
	Encapsulation: Start Date:	Address: 3001 Miller Rd.			
	End Date:	City/State/Zip: Dearborn, MI48121. Phone: ( ) ( )			
	* Includes setup, building containment, etc., but not removing asbestos				
	Work Schedule: Please indicate the anticipated days of the week and				
	work hours for the purpose of scheduling a compliance inspection.  Days of the Week Work Hours	or NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:			
	Asb. Removal: M - F 7:00 - 4:00	must accompany this notification.) Include the following information:			
	Asb. Removal: M - F 7:00 - 4:00  Demolition: 7:00 - 4:00	5 Later from the parameter of the later than the first			
	Encapsulation:	Gov ( Agency Ordering Demo.			
	+ Check here if this is a multi-phased project. Be sure to attach a	Name/Title of Person Signing Order:			
	schedule showing the start and end dates of each phase and	Date of Order: Date Ordered to Begin:			
	indicate if it is for asbestos removal, demolition, etc.	Date Ordered to Begin:			
10.	IS ASBESTOS PRESENT? Yes No				
	Also include in the right hand two columns below the amount of non-fria	taining Material (RACM) to be removed, disturbed, and/or encapsulated, etc. ble Cat. I and/or Cat. II ACM that will not be removed prior to demolition.			
		able ACM not removed before Demo.			
	Removed Encapsulated	Category I Unit of Measure			
		☐ Ln. Ft. ☐ Ln. M.			
	350				
	1	Cu. Ft* Cu. M.*			

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

11.	PROJECT DESCRIPTION
	a)Renovation indicate the surfaces RACM will be removed from.  Encapsulation (for MDPH): Indicate surfaces to be encapsulated:
	Notice   Piping   Fittings   Boiler(s)   Tank(s)   Piping   Fittings   Boiler(s)   Tank(s)
	Other (describe) Other (describe)
	b)Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in
	sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and
	carefully lower, wet wipe and vacuum contaminated surfaces.
	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
12.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after
	removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and
	place wet material in leaktight containers that will remain leaktight until landfilled.
13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: See Section 12. Appropriate
	agencies will be re-notified if the amount of unexpected asbestos found is at least 20%
	different than previously reported.
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect
	materials were tested using the polarized light microscopy method, material is assumed
	to contain asbestos and is considered to be RACM.
	CO CONTEXT COORDINATE TO THE CONTEXT OF THE CONTEXT
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency:
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency:  Description of the sudden, unexpected event:
15.	
15.	
15.	Description of the sudden, unexpected event:
	Description of the sudden, unexpected event:  Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition
	Description of the sudden, unexpected event:  Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  3/3/95
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.
16.	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)
16.	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  Persection 221 (1)(x) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet for more of friable material
16.	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)
16.	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  Persection 221(1)(2) of P.A. 135 of 1985, as amended, clearance air monitoring is required for any as best os abatement project involving 10 linear feeu! 15 aquars fector more of mable material which is performed within a negative pressure enclosure. I (the building owner or lesses) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed performed performed in this project.  3/3/95
16.	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  [ Certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  [ Signature of Owner or Abatement Contractor
16.	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:    Certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    Signature of Owner or Abatement Contractor   Date   Signature of Owner or Demolition Contractor   Date
16.	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:  I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.  Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date  Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  Persection 23 ((XX) of 1936, as amended, clearance air monitoring is required for any as basics abatement project involving 10 linear feet of sagrant feet or more of fitable material which is performed within a register pressure enclosure. I (the building owner or lesses) have been edvised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.  Signature of Abbestos Abatement Contractor Representative  NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.  ILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)
16. 17. MA	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:    Certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    Signature of Owner or Abatement Contractor   Date   Signature of Owner or Demolition Contractor   Date
16. 17. MA NE 40	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:    Certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    Signature of Owner or Abatement Contractor   Date   Signature of Owner or Demolition Contractor   Date
16. 17. MA NE 40	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:    Certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    Signature of Owner or Abatement Contractor   Date   Signature of Owner or Demolition Contractor   Date
16. 17. MA NE 40 St	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:    Certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.    Signature of Owner or Abatement Contractor   Date   Signature of Owner or Demolition Contractor   Date







Technical & Transportation Services Power and Utility Operations 3001 Miller Road Dearborn, Michigan 48121

April 7, 1995

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the revision of a notice for the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on March 3, 1995.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen

**Environmental Control Engineer** 

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV. NESHAP 43 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

DNR/MOPHUSE ONLY Postmark Date Ok Send Def Llr. FOLLOW UP/_ Comments	Rec'd Date: Date Def Ltr. Sent: Spoke w/:		Name: For Mailing Add City/State/Zi Contact:	ress: <u>3001 Miller</u> ip: <u>Dearborn, MI</u> K. Bollen Rm 41	48121 Phone: (313) 322-9016
Notific. No.:Calculate MDPH Asbestos Project Fo	90:		Name: Mailing Add City/State/Zi	ress:	
(Total Project Cost)  Contractor License Numbers: Asbestos Abalement: Electrical: Mechanical: Licensing Authority:	(1% Project Fee	5.	FACILITY O Name: For Mailing Add	WNER rd Motor Co 1 ress: 3001 Miller ip: Dearborn, MI	
1. NOTIFICATION  Date of Notification: 3/3/95  Date of Revision(s): 3/15/95  Notification Type: M Original M  Please check all that apply:  MDPH  IX Demo, Reno, Encap. (>10 Ln. ft)  Emergency Renovation/Encaps:  NESHAP (DNR/U S EPA)  IX Planned Renovation 10 working  Emergency Renovation  Scheduled Demolition above cu  Ordered Demolition	Revised Cancelled L  15 Sq. ft) 10-day notice volation  g days notice  10 working days notice	Annual	Facility Nam Location Ad Sec Nearest Maj City: Deart Size: (sq. ft. Age: 75yr Specific Loc	s Present Use: Power	E Rd.  & Dix  Inty: Wayne State: MI  Ors: 7 Floor No.: 3rd  Thous Prior Use: Powerhouse  Boiler #1 Drum area
PROJECT SCHEDULE  Renovation, Start Date: End Date: + Asb, Removal, Start Date: End Date: - + Demolition: Start Date:	4/21/95 4/28/9 3/20/95 <del>3/27/9</del> 4/21/95 4 <del>/28/9</del>	5 5 5 <b>5129</b> /9 <b>5</b> 56/16/9 <b>5</b> 8.	Location Ad City/State/Zi WASTETRA Name: For Address: 3 City/State/Zi	Idress: 17005 Oakwing: Dearborn, MI  NNSPORTER1  Td Trans. Svcs.  BOO1 Miller Rd.	WASTE TRANS. 2
Work Schedule: Please indicate I work hours for the purpose of sche Days of the N  Asb. Removal: N - F  Demolition:  Encapsulation:  + □ Check here if this is a multi-ph schedule showing the start ar indicate if it is for asbestos rer	he anticipated days of the duling a compliance inspetive work Hotel 7:00 - 4:	week and g, clion, urs	DNR or WCA for NESHAP must accom	APCD at the addresses if definition of "Ordered Epany this notification.) .In the control of the control of Person Signing Order.	idelines, obtainable by contacting isted on the reverse side, "Demolition." A copy of the order include the following information:
10. IS ASBESTOS PRESENT?  Estimate the amount of asbestos Also include in the right hand two co				.CM) to be removed, dis	turbed, and/or encapsulated, etc.
RACM to be Removed	RACM to be Encapsulated		CM not rem	noved before Demo.  Category II	Unit of Measure
350					Ln. Ft. Ln. M.

11. PROJECT DESCRIPTION  a)Renovation '-: cate the surfaces RACM will be removed from.  Descriptings Boiler(s) Tank(s)  Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)  Other (sesenbe)	Encapsulation (for MDPH): Indicate surfaces to be encapsulated:  Piping Fittings Boiler(s) Tank(s)  Beam(s) Duct(s) Tunnet(s) Ceiling Tite(s)  Other: (describe)
b)Method of removal: Describe how the asbestos will be removed sections and carefully lower, etc.): Scrape with hand to carefully lower, wet wipe and vacuum cont	ools, cut in sections with hand tools and ···
c)Demolition: Describe method of demolition and indicate if complete	e or partial demolition (If partial, describe which part will be demolished.)
12. ENGINEERING CONTROLS: Describe work practices and engineering removal and until proper disposal: Wet methods in conjuctor containment will be used. Adequately wet place wet material in leaktight containers	nction with a full negative pressure
	d in the event that unexpected RACM is found or previously non-friable etc.) and therfore regulated: See Section 12. Appropriate of unexpected asbestos found is at least 20%
14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS analytical sampling was used, describe method: A recent bui materials were tested using the polarized to contain asbestos and is considered to be	lding survey was conducted and all suspect light microscopy method, material is assumed
15. EMERGENCY RENOVATIONS: Date and hour of the emergency:  Description of the sudden, unexpected event:  Explain how the event caused unsafe conditions, would cause equipments.	nent damage and/or an unreasonable financial burden:
16. I certify that an individual trained in the provisions of 40 CFR Part 61, S involving RACM above the cutoff and/or during ordered demolition. Ev available for inspection during normal business hours.	ubpart M, will be on-site during the renovation and during demolition idence that the required training has been completed by this person will be
Signature of Owner or Abatement Contractor Date	Signature of Owner or Demolition Contractor Date
17. Signature Requirements for Projects with Negative Pressure En Persection 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for a which is performed within a negative pressure enclosure. I (the building owner or lessee) have be performed on this project.  3/3/95  Signature of Building Owner or Lessee	
NOTE: For affected projects, this section on the notification form must be signed when the pro	
MAILING ADDRESSES: (For guidelines on how to complete this form NESHAP, Mail to: Asbestos Coord. DNR, AQD 40 CFR, Part 61, Town Center, Ste. B, #200 OR Subpart M 333 S. Capitol Lansing, MI 48933	n, contact the appropriate MICHIGAN agencies below.)  NESHAP Projects in Wayne Co.:  Wayne Co. Health Dept., APCD  AND  AT-18J, Asbestos Coord.  640 Temple, Suite 700  Detroit, MI 48201  Chicago, IL 60604
Sec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM. Public Act 135 of 3423 N. Logan/Martin L. King Jr. Blvd	